

# Intimate Partner Violence: Prevalence, Effects, and Promising Interventions

---

## An Annotated Bibliography

Written by Tina Jiwatram-Negrón, LMSW, PhD Candidate  
& Reviewed by Louisa Gilbert, PhD  
Social Intervention Group  
Columbia University School of Social Work

Funded by the Prisoner Reentry Institute at John Jay College of Criminal Justice

The online version of this bibliography may be found at:  
<http://johnjayresearch.org/pri/files/2015/03/IPV-Annotated-Bibliography-PRI.pdf>

Comments may be sent to the author at [tj2261@columbia.edu](mailto:tj2261@columbia.edu)

Copyright © March 2015



## INTRODUCTION

The goal of this annotated bibliography is to offer information on the current state of knowledge about the prevalence and effects of intimate partner violence (IPV), as well as existing/promising interventions that address IPV among women with a focus on justice-involved women. Where possible, studies that have used broadly representative data and/or controlled for selection biases have been prioritized for inclusion in this bibliography. Additionally, some systematic and meta-analyses review papers, which carefully synthesize and summarize the scientific knowledge, have been included for brevity. The vast majority of publications presented in this bibliography draw on research conducted in the U.S., though some internationally-based studies are also included for contextual reasons, and because there are instances in which very large studies (involving thousands of participants) or studies that have advanced the science, have been conducted elsewhere.

The annotated bibliography will contain three sections dedicated to summarizing salient literature on (the):

- 1) Scope of the problem, including prevalence estimates among (a) women in the general population and (b) incarcerated women or women under community supervision (probation and parole). Since the vast majority of the literature tends to be biased towards women in relationships with men, a third sub-section (c) has been included on IPV prevalence among couples in same-sex relationships. Further, though men are not the main focus of this bibliography, a few statistics have been integrated in this section, with some references added to the suggested further readings list.
- 2) Health and Social Consequences of IPV, including physical health outcomes (such as HIV, gastrointestinal problems, etc.), mental health outcomes (such as depression and PTSD), and associated risk behaviors (such as substance use and unprotected sex).
- 3) Existing and promising interventions that address IPV, including individual-, couple-, community-, and structural level-interventions that have sought to screen and/or address IPV. This section contains two sub-sections, the first on interventions/screenings among non-justice involved populations, and the second on justice-involved populations.

All three sections are organized alphabetically (by the first author's last name) and split into sub-sections as noted above. Section 2 does not contain sub-sections as data indicate similarities in the health and social consequences of IPV across groups. The final pages of this document contain some suggestions for further reading, for those who are so inclined. The suggested reading list is not exhaustive, but offers some complementary data and insight on the subjects covered herein.

## SCOPE OF THE PROBLEM

*As noted in the Introduction, this section presents information on the scope of the problem. While reasonably good estimates are available as to the prevalence of IPV among women in the general population, it is evident that there is a need for updated IPV prevalence statistics among justice-involved populations as well more broadly representative data. One strategy may be to systematically screen women entering into the criminal justice system for trauma, mental health, and substance use, among other issues, though there are inherent challenges in requesting such disclosure in these settings. If screenings were to become routine, safety and confidentiality practices would need to be established ahead of time, and resources put in place for women who do disclose needs.*

*Despite the methodological challenges of some of these studies (e.g. small or non-representative samples), what is clear is that IPV occurs in epidemic proportions, and there is a clear need to develop and scale-up trauma-focused prevention and intervention efforts, especially for high-risk groups.*

### **Prevalence of IPV among Women**

Breiding MJ, Smith SG, Basile KC, Walters ML, Chen J, Merrick MT. Prevalence and Characteristics of Sexual Violence, Stalking, and Intimate Partner Violence Victimization—National Intimate Partner and Sexual Violence Survey, United States, 2011. *MMWR* 2014; 63(SS-8): 1-18.

Considered one of the most robust national surveys of IPV (among non-institutionalized populations) administered annually by the Centers for Disease Control and Prevention (CDC), the *National Intimate Partner and Sexual Violence Survey (NISVS)* captures data on IPV, sexual violence, and stalking prevalence as well as health impacts among men and women. Salient, summary prevalence statistics of violence against women are offered here, and outcomes are reported in the section on the health and social consequences of IPV (see Black et al. reference). [For statistics of violence reported by men, reading this article and the CDC report by Black et al. is strongly recommended (and both are included in the suggestions for further reading).]

Briefly, using random digit dialing, residents from all 50 states and the District of Columbia were selected for inclusion during the 2011 survey period; 12,727 interviews were completed and an additional ~1400 were partially completed. Findings indicated that roughly 1 in 4 women have experienced severe physical violence by an intimate partner in their lifetime. The reported 12-month prevalence of severe physical violence was 2.3%. Additionally, approximately 1 in 5 women have been raped at some point in their lifetime and 1.6% (~1.9 million women) reported being raped in 12 month period prior to the survey. The prevalence of rape by an intimate partner was 8.8% over the lifetime, and 0.8% in the past 12 months. Further, just over 15% of women (or 1 in 6) reported being stalked at some point in their lifetime. Stalking by an intimate partner was 9.2% over the lifetime and 2.4% in the past 12 months. Overall, approximately 3 in 10 women reported some form of violence (rape, physical violence, and/or stalking) by an intimate partner in their lifetime (this last statistic is from the 2010 report by Black et al.)

Though limited to non-institutionalized populations, these findings highlight the widespread and disproportionate nature of violence against women. (Overall estimates of violence against men are estimated at roughly 1 in 10 men.) In a related factsheet produced by the CDC ("*Understanding Intimate Partner Violence 2012 Fact Sheet*"), the data also suggest that poor, minority respondents are

disproportionately affected by IPV. Taken together, there is a clear need for effective violence prevention and intervention services. As will become clear in the section on estimated IPV prevalence among women involved in the criminal justice system, these women are even more socially vulnerable, often reporting victimization rates far exceeding national estimates.

Briere, J., & Elliott, D. M. (2003). Prevalence and psychological sequelae of self-reported childhood physical and sexual abuse in a general population sample of men and women. *Child Abuse & Neglect*, 27(10), 1205-1222. doi: 10.1016/j.chiabu.2003.09.008

In this study, 1,442 adults across the U.S., 935 of whom responded, were mailed a questionnaire regarding their experiences of childhood abuse, adult abuse, and trauma symptoms. Specifically, the researchers were interested in examining the prevalence of childhood and adult sexual and physical abuse, and related psychological problems. Results indicated that overall, 36% of respondents experienced physical or sexual violence since age 18; by sex, 39.9% of women reported violence and 32% of men reported violence. Of particular importance is the finding that compared to those who did not report adult violence, those who did more often reported abuse as children, which has been seen in multiple other studies (not included here). Despite the rate of response, which may have biased the findings to inaccurately reflect the prevalence of IPV of the U.S. whole population, these figures are fairly consistent with other studies (including the national survey noted earlier).

Capaldi, D. M., Knoble, N. B., Shortt, J. W., & Kim, H. K. (2012). A systematic review of risk factors for intimate partner violence. *Partner abuse*, 3(2), 231.

Though not focused on prevalence data, this review paper of 228 published articles reports on some commonly found risks associated with vulnerability to IPV, and thus is included in this section. The mechanisms by which these factors serve as risks are not explicated here, but mentioned so as to draw attention to characteristics that may be useful to attend to in screening and responding to IPV. Among their findings, the authors note that lower SES and un/underemployment is generally associated with higher reports of IPV; high levels of stress are associated with increased IPV; age may serve as a risk or protective factor; and alcohol and drug use are associated with increased reports of IPV.

World Health Organization (2013). Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence.

In this multi-country report (the first of its kind), produced by the World Health Organization, the authors report on the estimated prevalence of both, intimate partner and non-partner violence across multiple countries from low, middle, and high-income regions, including the United States. Findings indicated that an average of 35% of women worldwide have experienced at least one form of partner or non-partner violence, while about 30% of women who have ever had a partner have experienced physical and/or sexual violence by their partner. High-income countries, such as the U.S., had an average lifetime prevalence rate of 23.2% (or just over 1 in 5 women) for physical or sexual violence, which is fairly consistent with the CDC findings reported earlier.

### ***Prevalence of IPV among Criminal Justice-Involved Women***

Browne, A., Miller, B., & Maguin, E. (1999). Prevalence and severity of lifetime physical and sexual victimization among incarcerated women. *International journal of law and psychiatry*, 22(3), 301-322.

Though an older publication, this is an important and frequently cited publication that we would be remiss not to review here. This study was conducted in 1999 with 150 women leaving a maximum security facility (Bedford Hills) in New York State. Women were asked about their experiences of violence, and analyses showed that 75% of women experienced severe physical violence (as adults) by their intimate partners. 40% reported having been choked, strangled, or smothered, and just over a third of women had been threatened with a knife or gun. Further, 35% reported rape or being forced to engage in other sexual activities against their will. In examining medical outcomes, 62% reported they had been physically injured by their partners and 46% needed medical treatment as a result of injuries. This paper highlights the oft extreme violence experienced by women involved in the criminal justice system, and the statistics fall within the range prevalence reported in other studies.

DeHart, D., Lynch, S., Belknap, J., Dass-Brailsford, P., & Green, B. (2013). Life History Models of Female Offending: The Roles of Serious Mental Illness and Trauma in Women's Pathways to Jail. *Psychology of Women Quarterly*, 38(1), 138-151. doi: 10.1177/0361684313494357

In this recently published paper, the authors report on data collected from 115 in-depth interviews with women in jail, randomly selected from their larger study of nearly 500 women from four regions in the U.S (Southwest-Colorado, Mid-Atlantic-Maryland and Virginia, Northwest-Idaho, and South-South Carolina). Among their many findings, including exorbitantly high rates of mental illness, PTSD, child abuse, and substance use, they also found high rates of IPV. Specifically, 77% of women reported having experienced some form of partner violence. 71% reported physical violence and 24% reported rape by their partner. Further analyses revealed IPV was associated with drug offending, sex work, and property crimes. Despite the fairly small sample size and representativeness to only specific states and populations examined, these data are consistent with prior studies from other regions. Further, their effort to examine the association between trauma, mental health, and substance use and specific types of crimes is particularly interesting, and may be of use (after replication) for programs with incarcerated populations.

Golder, S., Hall, M. T., Logan, T. K., Higgins, G. E., Dishon, A., Renn, T., & Winham, K. M. (2014). Substance use among victimized women on probation and parole. *Subst Use Misuse*, 49(4), 435-447. doi: 10.3109/10826084.2013.844164

Drawing on interview data with 406 women with trauma histories on probation and parole in Jefferson County, Kentucky, the authors found that 90.4% of women in the study experienced intimate partner violence (physical or sexual), 69.5% childhood abuse (physical or sexual), and 72% reported violence (physical or sexual) by a non-partner.

Green, B. L. (2005). Trauma Exposure, Mental Health Functioning, and Program Needs of Women in Jail. *Crime & Delinquency*, 51(1), 133-151. doi: 10.1177/0011128704267477

In this particular study, though not representative of all female inmates given the very small sample size, the researchers examined exposure to violence, mental health problems, sexual risk, parenting skills, and service needs among a sample of 100 female inmates in one correctional facility located in Maryland. Results showed that 98% of the participants had experienced at least one form of trauma (child or adult) in their lifetime, and 71% reported violence by a boyfriend, partner, or husband, well above the average prevalence of violence among the general population. (Other findings included high rates of mental health problems, parenting skill problems, and high service needs.)

Greenfield L.A, & Snell, T. L., Bureau of Justice Statistics (revised 2000). Special Report: Women Offenders.

In this comprehensive report, produced by BJS and utilizing generally representative data, a detailed profile of incarcerated/formerly incarcerated women countrywide is offered. Statistics are broken down by women in state prisons, local jails, and on probation. In addition to providing data on crimes committed, health issues, basic socio-demographics, child statistics, among others, the report also covered reported rates of lifetime violence. According to the report, 57% of women in state prisons reported lifetime physical or sexual abuse, and a third had been abused by an intimate partner. Meanwhile, of women under correctional authority, just over 40% reported lifetime physical or sexual abuse, with roughly a third having experienced it since turning 18. Despite being an older report, this particular report offers valuable insights on the experience of violence among incarcerated/formerly incarcerated women.

Kelly, P. J., Cheng, A. L., Spencer-Carver, E., & Ramaswamy, M. (2014). A syndemic model of women incarcerated in community jails. *Public Health Nurs*, 31(2), 118-125. doi: 10.1111/phn.12056

In this particular study, 290 women housed in three urban mid-western jails were surveyed regarding their health and service use needs. Though the purpose of their paper was not specifically to examine IPV alone, data are reported here for relevance. Women were surveyed about whether they had experienced physical harm, being insulted, or being screamed at on a regular basis by their sex partner in the year prior to incarceration (not lifetime); of the 290 women, 46.4% of women reported such experiences in the past year. This figure is higher compared to some other studies examining past year rates, however, studies examining verbal/emotional abuse have seen similar rates. Though the sample was not representative of all women in jails, thus potentially biasing their results, their data suggest that the participants were similar in demographic profile to women who did not participate in the study (housed in these particular jails).

Lynch, S. M., Fritch, A., & Heath, N. M. (2012). Looking Beneath the Surface: The Nature of Incarcerated Women's Experiences of Interpersonal Violence, Treatment Needs, and Mental Health. *Feminist Criminology*, 7(4), 381-400. doi: 10.1177/1557085112439224

Using data collected from 102 incarcerated women in a northwestern state prison (representing roughly a third of the women incarcerated there at the time), the researchers found not only high rates, but also chronic reports of IPV. Specifically, the authors found nearly 90% of women experienced physical or sexual violence the year before they were incarcerated. Further analyses showed that lifetime reports were also high: 70% of women reported forced sex, 79% physical violence (without a weapon), and 43% violence with a weapon. Women also reported physical and sexual violence as recurring over their lifetime. Like many of the studies summarized in this bibliography, the sample size was relatively small, yet consistent with other studies conducted among other samples of criminal justice-involved women in various cities.

McDaniels-Wilson, C., & Belknap, J. (2008). The extensive sexual violation and sexual abuse histories of incarcerated women. *Violence Against Women*, 14(10), 1090-1127.

In this study of 391 incarcerated women located in three prisons in Ohio, 70% of participants reported rape at some point in their lifetime and roughly half reported child sexual abuse. Among the many other statistics reported in their paper, 33% of participants reported sexual activity because “the other person threatened to end the relationship if they did not comply sexually.” Most commonly identified perpetrators of violence included partners, strangers, and family members (uncles, brothers, cousins, and stepfathers). Though some of the statistics in this paper include perpetrators other than the women’s intimate partners, the data are important in highlighting the epidemic proportions of violence often reported by women who are incarcerated as well as the range of perpetrators.

Reed, E., Raj, A., Falbo, G., Caminha, F., Decker, M. R., Kaliel, D. C., . . . Silverman, J. G. (2009). The prevalence of violence and relation to depression and illicit drug use among incarcerated women in Recife, Brazil. *Int J Law Psychiatry*, 32(5), 323-328. doi: 10.1016/j.ijlp.2009.06.006

Using data from interviews conducted with 377 incarcerated women in a state prison in Brazil, this study found that 87% of the women experienced some form of lifetime violence. Specifically, 83% reported physical violence, 36% sexual violence, and 29% threats on their life. More data from this study (i.e. the relationship between IPV and health outcomes) are reported later in this bibliography, under the section on the health and social consequences of IPV.

Weir, B. W., O’Brien, K., Bard, R. S., Casciato, C. J., Maher, J. E., Dent, C. W., ... & Stark, M. J. (2009). Reducing HIV and partner violence risk among women with criminal justice system involvement: a randomized controlled trial of two motivational interviewing-based interventions. *AIDS and Behavior*, 13(3), 509-522.

This particular paper was released to provide outcome data from an HIV and IPV risk reduction intervention conducted with a sample of 530 HIV-negative women either on probation or parole (in Multnomah County, Oregon). While intervention focused, the authors included statistics of violence perpetrated against the participants in the year prior to their entry into the study. Briefly, of the 530

women in their study, roughly one third reported prior violence. More data are reported later in this bibliography, in the section covering existing and promising interventions.

Staton-Tindall, M., Duvall, J. L., Leukefeld, C., & Oser, C. B. (2007). Health, mental health, substance use, and service utilization among rural and urban incarcerated women. *Women's Health Issues, 17*(4), 183-192. doi: 10.1016/j.whi.2007.02.004

In this study, a random sample of 100 incarcerated urban and rural women from the Kentucky Correctional Institution for Women (KCIW) were interviewed in 2003. Women were asked about their physical and mental health, experiences of violence, and service utilization, among other questions. Their data revealed high rates of physical and mental health problems before and during incarceration. Additionally, they found high rates of lifetime violence among the women: over 70% of rural and urban women reported some emotional or physical abuse in their lifetime, and 47% of urban women and 53% of rural women reported some sexual abuse in their lifetime. Though the reported prevalence rates likely include childhood abuse rates, these figures are consistent with other studies examining lifetime abuse among incarcerated populations.

### ***Prevalence of IPV among the LGBTQ Population***

Messinger, A. M. (2011). Invisible victims: Same-sex IPV in the national violence against women survey. *Journal of interpersonal violence, 26*(11), 2228-2243.

Using data from the National Violence Against Women Survey ( $N = 14,182$ ), the authors examined the prevalence of IPV among gay, lesbian, and bisexual-identified respondents ( $n=144$ ). Results indicated those who reported having had a same-sex relationship were more likely to report having experienced verbal, controlling, physical, and sexual IPV. Specifically, 71% of the respondents reported having experienced verbal abuse, 79.5% reported controlling behavior by their partner, 31.2% reported physical abuse, and 7.7% reported sexual violence.

Siemieniuk, R. A. C., Miller, P., Woodman, K., Ko, K., Krentz, H. B., & Gill, M. J. (2013). Prevalence, clinical associations, and impact of intimate partner violence among HIV-infected gay and bisexual men: a population-based study. *HIV medicine, 14*(5), 293-302.

In this study, the researchers examined the prevalence of IPV among a sample of HIV-positive male patients receiving services from an HIV outpatient program, between 2009 and 2011, in Southern Alberta, Canada. Of the 687 gay and bisexual patients, they found that roughly 1 in 5 had experienced at least one type of IPV. When examining factors associated with IPV, they found that those who reported IPV were more likely to be younger, have experienced childhood abuse, have had depression before they were diagnosed with HIV, and have had recent unprotected sex, among other factors.

Dunkle, K. L., Wong, F. Y., Nehl, E. J., Lin, L., He, N., Huang, J., & Zheng, T. (2013). Male-on-male intimate partner violence and sexual risk behaviors among money boys and other men who have sex with men in Shanghai, China. *Sexually transmitted diseases, 40*(5), 362-365.

In this study, the researchers examined prevalence of IPV (and associated HIV risks) among a sample of 404 male sex workers and MSM in Shanghai, China. Of all participants, 51% reported having experienced emotional, physical, or sexual abuse by a male sexual partner. Male sex workers reported higher prevalence of violence than MSM and were more likely to report having experienced multiple types of violence.

Nowinski, S. N., & Bowen, E. (2012). Partner violence against heterosexual and gay men: Prevalence and correlates. *Aggression and Violent Behavior, 17*(1), 36-52.

In this paper, the authors reviewed the literature of IPV among men in same sex as well as heterosexual relationships. Based on their review, they found that the prevalence rate of female-perpetrated IPV against heterosexual males ranged from as low as 7.3% to as high as 32% when examining lifetime reports of violence. 12-month prevalence rates ranged from 0.6%–29.3%. Further, among same-sex male couples, lifetime reports of violence ranged from 15.4% to 51%. Prevalence statistics for past year were not available.

## HEALTH AND SOCIAL CONSEQUENCES

*In this section, studies examining the health and social consequences of IPV are presented. In reviewing the literature, what becomes clear are the wide-ranging and devastating impacts violence can have, including HIV/STIs, gastrointestinal problems, low birth weight children, depression, PTSD, and increased risk for drug and alcohol use, and risky sexual behaviors. Given the breadth of needs violence creates, comprehensive service provision becomes essential.*

Black MC, Basile KC, Breiding MJ, Smith SG, Walters ML, Merrick MT, Chen J, Stevens MR. The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2011.

As noted earlier in the section on IPV prevalence, the Centers for Disease Control (CDC) *National Intimate Partner and Sexual Violence Survey* (NISVS), which is administered annually, is considered to be one of the most robust national surveys of IPV. The survey captures data on IPV, sexual violence, and stalking prevalence as well as health impacts among men and women; salient, summary data on the health and social consequences are offered here. For statistics of violence against women, please see the section on IPV prevalence (see Breiding et al. reference).

Based on the 2010 data, collected from 16,507 adults (9,086 of whom were women), health consequences of IPV included greater likelihood of experiencing physical symptomology such as headaches, problems sleeping, chronic pain, asthma, diabetes, and gastrointestinal problems, compared to women who did not report IPV. Further, symptoms of depression and PTSD were also higher as were the need for social and legal services.

In a related factsheet produced by the CDC (*“Understanding Intimate Partner Violence 2012 Fact Sheet”*), the data also suggest that the annual cost of IPV (due to mental and physical health care, job loss, and lost work time) is upwards of about \$8 billion dollars. Further, the annual death toll of IPV is around 1,500 in the U.S.

Breiding, M. J., Black, M. C., & Ryan, G. W. (2008). Chronic disease and health risk behaviors associated with intimate partner violence-18 U.S. states/territories, 2005. *Ann Epidemiol*, 18(7), 538-544. doi: 10.1016/j.annepidem.2008.02.005

This is an excellent study utilizing representative data from the 2005 Behavioral Risk Factor Surveillance Survey (BRFSS), conducted by the Centers for Disease Control and Prevention (CDC). In that year, approximately 70,000 men and women from 16 states and two territories, including several northeastern states, were surveyed about their experience of intimate partner violence among other topics. Results indicated lifetime prevalence of intimate partner violence was 26.4% for women and 15.9% for men. Findings from this particular paper provides strong evidence to suggest an association between lifetime experience of intimate partner violence and multiple health and social risks including joint disease, smoking, asthma, HIV risks, heavy drinking or binge drinking, and not having had a medical check-up in the past year. More specifically, for women, partner violence was associated with high cholesterol, heart disease and attacks, strokes, high blood pressure, joint disease, use of disability

equipment, smoking and asthma (current), heavy or binge drinking, HIV risks, poor diet, not having had a regular medical check-up, and activity limitations. Similar patterns emerged among men who reported lifetime intimate partner violence, but not for cholesterol, heart disease and attacks, and poor diet (i.e. not eating the recommended amount of vegetables on a daily basis).

Campbell, J. C., Baty, M. L., Ghandour, R. M., Stockman, J. K., Francisco, L., & Wagman, J. (2008). The intersection of intimate partner violence against women and HIV/AIDS: a review. *Int J Inj Contr Saf Promot*, 15(4), 221-231. doi: 10.1080/17457300802423224

In this review paper, led by one of the most well respected IPV researchers, the authors examined the evidence across 71 published papers between 1998-2007 on the relationship between IPV and HIV. They found consistently higher rates of IPV among women and evidence to suggest that HIV-positive women, compared to HIV-negative women are more likely to report histories of IPV. However, they reported less consistent data supporting this pattern in U.S. contexts. Despite this, aggregate data seems to suggest a temporal relationship between experiencing IPV and HIV risk, among other risks. Several mechanisms by which this relationship exists are offered, including forced sex and engagement in other risky behaviors, among others.

Decker, M. R., Miller, E., McCauley, H. L., Tancredi, D. J., Anderson, H., Levenson, R. R., & Silverman, J. G. (2014). Recent partner violence and sexual and drug-related STI/HIV risk among adolescent and young adult women attending family planning clinics. *Sexually transmitted infections*, 90(2), 145-149. doi:10.1136/sextrans-2013-051288

This study examined the prevalence of IPV and its relationship with HIV/STI risk and related health care seeking behaviors among a large sample (n=3,504) of adolescent and young adult (16-29 year olds) women recruited from 24 family planning clinics in western Pennsylvania. Of the women who participated in the study, 11% of them reported having experienced physical or sexual violence in the prior three months. When examining subgroups, 14.4% of women aged 16-20 years old, 20.8% of multiracial women, and 16% of women with less than a high-school education reported IPV in the past 3 months. Examining the relationship between IPV and risk behaviors, the researchers found associations between sexual and drug-related HIV and STI risk behaviors. More specifically, women who reported IPV were nearly at a twofold risk for reported unprotected sex, and more than a threefold risk for injection drug use. Fear of requesting condoms and refusing sex as well as seeking STI related health care were also associated with recent reports of IPV.

Durevall, D., & Lindskog, A. (2015). Intimate partner violence and HIV in ten sub-Saharan African countries: what do the Demographic and Health Surveys tell us? *The Lancet Global Health*, 3(1), e34-e43. doi: 10.1016/s2214-109x(14)70343-2

In this recently published paper, the researchers investigated the relationship between HIV and experience of physical, sexual, and emotional violence as well as male controlling behavior. Using data from 12 Demographic and Health administered surveys across ten countries in sub-Saharan Africa, yielding a representative sample of women between 15 and 49 years old, the researchers found strong evidence in support of the association between physical and emotional violence when male controlling behavior is present and HIV infections. A relationship between sexual violence and HIV infections was

present, but only for women in their first union. These findings are important and highlight the key role that controlling behavior may have in the relationship between violence and HIV infections.

Devries, K. M., Child, J. C., Bacchus, L. J., Mak, J., Falder, G., Graham, K., . . . Heise, L. (2014). Intimate partner violence victimization and alcohol consumption in women: a systematic review and meta-analysis. *Addiction, 109*(3), 379-391. doi: 10.1111/add.12393

This review paper examines evidence from 55 cross-sectional and longitudinal studies published before June, 2013. (Just under half of the studies included in this review and meta-analysis were conducted in the U.S. while the remaining studies were conducted in multiple other countries located in Central and South America, Africa, Asia, and Australia.) Using established statistical techniques, the authors report on aggregate evidence of the relationship between IPV and alcohol use among women. Data from their analyses suggest a clear association between IPV and alcohol use, but directionality is unclear. Further, the authors report that several studies were limited by their lack of controlling for other factors that may have confounded or accounted for some of their findings, such as partner alcohol use influencing their personal use. Despite these limitations, the data suggest alcohol use and IPV as importantly linked and in need of attention.

El-Bassel, N., Gilbert, L., Wu, E., Go, H., & Hill, J. (2005). Relationship between drug abuse and intimate partner violence: a longitudinal study among women receiving methadone. *Am J Public Health, 95*(3), 465-470. doi: 10.2105/AJPH.2003.023200

Drawing on a random sample of 416 women enrolled in methadone maintenance programs across 14 clinics in New York City, this study examined the relationship between drug use and IPV over a 12-month period. The study findings indicated that women who reported IPV at the 6-month mark were just over two and a half times more likely to report subsequent heroin use at the 12-month mark than women who did not report IPV. Additionally, the researchers found a similar pattern in the other direction: women who reported frequent crack use or marijuana at the 6-month mark were also more likely (just over four times more likely) to report subsequent IPV than non-drug using women. Similar to the Gilbert et al. study cited later in this bibliography, these data indicate a complex relationship between drug use and IPV, whereby each elevates the risk of the other and requires attention.

El-Bassel, N., Gilbert, L., Vinocur, D., Chang, M., & Wu, E. (2011). Posttraumatic stress disorder and HIV risk among poor, inner-city women receiving care in an emergency department. *Am J Public Health, 101*(1), 120-127. doi: 10.2105/AJPH.2009.181842

Drawing on a representative sample of 241 low-income women seeking care from an emergency department in Bronx, New York, the researchers examined the relationship between PTSD (post-traumatic stress disorder) and IPV and HIV-risk behaviors. The sample included 44% self-identified African American women and 49% self-identified Latina women. 29% reported and met the criteria for PTSD, and among their findings, they found that, among women who reported PTSD, they were at a 3.4 fold-risk of experiencing violence related to condom use in the prior 6 months than women who did not report PTSD, indicating an important relationship between IPV and poor mental health.

Gilbert, L., El-Bassel, N., Chang, M., Wu, E., & Roy, L. (2012). Substance use and partner violence among urban women seeking emergency care. *Psychol Addict Behav*, 26(2), 226-235. doi: 10.1037/a0025869

Drawing on a representative sample of 241 low-income women seeking care from an emergency department in Bronx, New York, the researchers examined the relationship between substance use and IPV over a 12-month period. The analyses revealed that women who experienced sexual IPV were 3 times more likely to report subsequent crack/cocaine use and 2 times more likely to report other drug use at the 6- and 12-month follow-up periods than women who did not initially report sexual IPV. However, the researchers did not find this same relationship for physical IPV or when all forms of IPV were combined. Among women who reported heroin use during the initial interview, they were 2 times more likely to report any form (physical, injurious, or sexual) than women who did not report heroin use. Similarly, women who reported crack/cocaine use were also more likely to report subsequent experience of violence (injurious or verbal) over the 12-month period. Despite the limitations of data having been collected from one emergency department and non-response on certain questions, the data provide valuable evidence in support of a complex relationship between IPV and substance use.

Golder, S., Hall, M. T., Logan, T. K., Higgins, G. E., Dishon, A., Renn, T., & Winham, K. M. (2014). Substance use among victimized women on probation and parole. *Subst Use Misuse*, 49(4), 435-447. doi: 10.3109/10826084.2013.844164

Drawing on interview data with 406 women with trauma histories on probation and parole in Jefferson County, Kentucky, the authors found lifetime rates of substance use of 93%, and past year rates of 45%. Rates of violence were reported earlier (see section on IPV prevalence). Among these women, marijuana use was most frequently reported, followed by cocaine and crack. Reports of alcohol use were also high, with 71.4% reporting at least one lifetime incident of drinking to intoxication. Though not a representative sample of women on probation and parole across the U.S., a major limitation of the study, the women accounted for roughly 20% of all women on probation and parole in Jefferson County, indicating a reasonable degree of local representation.

Illangasekare, S., Burke, J., Chander, G., & Gielen, A. (2013). The syndemic effects of intimate partner violence, HIV/AIDS, and substance abuse on depression among low-income urban women. *J Urban Health*, 90(5), 934-947. doi: 10.1007/s11524-013-9797-8

This study looked at the syndemic effect of having experienced IPV, using substances, and being HIV-positive on depression. The researchers analyzed interview data from 445 women in an urban east-coast city, collected in the late 1990s. Their data indicated that 25% of women in their sample were HIV-positive, had used cocaine or heroin sometime in their lifetime, and had experienced IPV in the past year. Further, all three of these factors were individually associated with depression, as was having low levels of social support. Moreover, when combined, women who reported all three (HIV-positive status, violence, and substance use), they were nearly 7 times more likely to report depressive symptoms, compared to women who reported none of the three factors, highlighting the relationship between violence and poor mental health.

Ravi, A., Blankenship, K. M., & Altice, F. L. (2007). The association between history of violence and HIV risk: a cross-sectional study of HIV-negative incarcerated women in Connecticut. *Women's Health Issues, 17*(4), 210-216. doi: 10.1016/j.whi.2007.02.009

Drawing on data collected from a sample of 1,588 HIV-negative women incarcerated in Connecticut during 1994-1996, the researchers examined the relationship between having experienced violence and HIV infection. Their analyses revealed associations between having experienced any violence (defined as physical violence and/or rape) and greater odds of reporting HIV risk behaviors, specifically unprotected sex with their partner. Of contribution, the researchers controlled for important factors that may have otherwise influenced their findings including sex work, employment, and having other partners, among others. Despite finding a relationship between violence and unprotected sex with their main partner, this association or relationship was not found for non-primary partners.

Reed, E., Raj, A., Falbo, G., Caminha, F., Decker, M. R., Kaliel, D. C., . . . Silverman, J. G. (2009). The prevalence of violence and relation to depression and illicit drug use among incarcerated women in Recife, Brazil. *Int J Law Psychiatry, 32*(5), 323-328. doi: 10.1016/j.ijlp.2009.06.006

Earlier it was noted that, using data from interviews conducted with 377 incarcerated women in a state prison in Brazil, the authors found that 87% of the women experienced some form of lifetime violence. Specifically, 83% reported physical violence, 36% sexual violence, and 29% threats on their life. This study also showed a strong association between past sexual violence and recent substance use and depression. Similarly, past physical violence was also associated with recent substance use, but not depression. Uniquely, the researchers also examined the effect of having experienced life threats by a partner and found strong associations with both recent substance use and depression. Given study type (cross-sectional), the findings are somewhat limited in that the causal order of events cannot be established, yet the strong associations between violence and substance use and depression are valuable. Further, given the study was conducted with women from one specific location and that not all eligible women participated in the study, the findings should be taken with some degree of caution as to their representativeness.

Stockman, J. K., Campbell, J. C., & Celentano, D. D. (2010). Sexual violence and HIV risk behaviors among a nationally representative sample of heterosexual American women: the importance of sexual coercion. *J Acquir Immune Defic Syndr, 53*(1), 136-143. doi: 10.1097/QAI.0b013e3181b3a8cc

This study analyzed data collected from the 2002 *National Survey of Family Growth* (NSFG) conducted by the National Center for Health Statistics, Centers for Disease Control and Prevention (CDC), which contains questions related to reproductive health, among other topics. These data are nationally representative of non-institutionalized men and women. In this paper, the researchers restricted their analysis to adult women who reported having had a male sexual partner in the past year, resulting in data from 5, 857 women. Specifically, they looked at the relationship between lifetime sexual coercion (which they defined as the women having been given alcohol or drugs, pressured verbally, threatened, or physically injured) and HIV risk behaviors. Though this definition encompassed violence that may have extended to before they were adults, and not necessarily by intimate partners, their findings are of particular importance in that they highlight the relationship between sexual violence and various health and social consequences. Findings indicated a relationship between coerced sex (first sexual intercourse as well as coerced sex after first sex) and having multiple partners, unprotected sex, and substance

abuse. Substance use included crack, cocaine, non-prescription injection drugs, or binge drinking at least once a month in the past year. These findings suggest an important temporal sequence, as seen in other studies noted in this bibliography.

World Health Organization (2013). Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence.

As noted earlier, in this multi-country report, produced by the World Health Organization, the researchers estimated the prevalence and health outcomes of violence against women from multiple countries from various low-, middle-, and high-income regions, including the United States. Findings indicated that women reporting physical or sexual abuse by their partners were more likely to report a series of poor health outcomes including depression, low birth weight children, and HIV, compared to women who did not report IPV.

## EXISTING AND PROMISING INTERVENTIONS

*In this section, some existing and promising individual-, couple-, community-, and structural level-interventions are presented. IPV intervention studies generally seek to target high-risk outcomes or high-risk groups; i.e. in some instances, interventions were designed to reduce IPV and HIV risk, while in others, the focus has been on reducing risk behaviors, and then researchers have gone back and evaluated the intervention's effects on IPV rates. Very few/limited studies have focused on IPV screening and/or prevention among criminal justice-involved populations. Important to note in this section is also that many studies have been conducted outside of the U.S., and so here, we present studies that reflect this reality. Some review papers are also presented, which summarize the state of the science.*

Abramsky, T., Devries, K., Kiss, L., Nakuti, J., Kyegombe, N., Starmann, E., ... & Watts, C. (2014). Findings from the SASA! Study: a cluster randomized controlled trial to assess the impact of a community mobilization intervention to prevent violence against women and reduce HIV risk in Kampala, Uganda. *BMC medicine*, 12(1), 122.

In this recently published paper of findings from the SASA! study, which was conducted in Kampala, Uganda and aimed to assess the effect of a community mobilization intervention in 8 communities (4 intervention; 4 control) to prevent IPV and reduce HIV risk behaviors, survey data from a random sample of 2,532 adults at the four-year follow-up indicated 52% lower experience of physical IPV and 24% lower experience of sexual IPV. Other positive outcomes included lower acceptance of IPV acts and increased social acceptance of the idea that a woman may refuse sex. The authors also report women in the intervention communities who experienced violence were more likely to report having received support from their community, compared to women in the control group/communities.

Carlson, C. E., Chen, J., Chang, M., Batsukh, A., Toivgoon, A., Riedel, M., & Witte, S. S. (2012). Reducing Intimate and Paying Partner Violence Against Women Who Exchange Sex in Mongolia Results From a Randomized Clinical Trial. *Journal of interpersonal violence*, 27(10), 1911-1931.

In this intervention study with 229 female sex workers in Mongolia, the aim of the study was to test the efficacy of an HIV/STI risk reduction program. Women were randomized ("gold standard" procedure) into one of three arms: a control group, a relationship-based HIV/sexual risk reduction intervention arm, or a relationship-based HIV/sexual risk reduction arm that also used motivational interviewing. Though not specifically designed to reduce IPV, elements of the intervention addressed IPV, and thus the authors examined the effects. At follow-up (6 months), they found encouraging results: there were significant declines in reported incidents of recent physical and sexual violence by both paying and intimate partners.

Ellsberg, M., Arango, D. J., Morton, M., Gennari, F., Kiplesund, S., Contreras, M., & Watts, C. (2014). Prevention of violence against women and girls: what does the evidence say? *The Lancet*. doi: 10.1016/s0140-6736(14)61703-7

In this recently published review paper, an essential read for anyone interested in violence prevention, the authors review and summarize findings from multiple rigorously tested interventions (several of which have been included in this bibliography) conducted in various countries that have sought to reduce the prevalence and incidence of IPV and other forms of violence against women and girls. Findings suggest that in high-income countries, interventions have been more successful in improving the outcomes (physical and mental) of women exposed to violence (strategies included counseling, psychosocial support, and advocacy), but evidence to support reductions in re-victimization have been weaker. School-based interventions (many of which have been in high-income countries) have yielded mixed findings, with a select few success stories. Meanwhile, in low-income and middle-income countries, the emphasis has been on preventing violence and evidence suggests success in reducing the incidence of violence. Strategies employed in these studies generally included some form of community mobilization (targeting social norms and gender equity), among other techniques.

García-Moreno, C., Hegarty, K., d'Oliveira, A. F. L., Koziol-McLain, J., Colombini, M., & Feder, G. (2014). The health-systems response to violence against women. *The Lancet*. doi: 10.1016/s0140-6736(14)61837-7

In this recently published and important review paper of health systems response to violence against women internationally, the authors underscore the need for the health-care systems to screen for and appropriately respond to IPV. Specifically, they advocate for health-care professionals to be adequately trained and supported in identifying people experiencing IPV using techniques such as empathetic listening, psycho-social support, and referrals to needed services. Additionally, they advocate for improved coordination of systems to improve services to women who need them. Finally, they underscore that there is no one-size-fits-all strategy or model, but that they need to be tailored to each context.

Gilbert, L., El-Bassel, N., Manuel, J., Wu, E., Go, H., Golder, S., et al. (2006). An integrated relapse prevention and relationship safety intervention for women on methadone: Testing short-term effects on intimate partner violence and substance use. *Violence and Victims*, 21(5), 657–672.

This small study tested the feasibility of a relapse prevention and relationship safety intervention in reducing IPV and drug use among women on methadone. While only a total of 34 women were recruited, 16 of whom were assigned to the intervention and 18 of whom received basic information (control arm), they found promising results. At follow-up, compared to women in the control arm, women in the intervention group were more likely to report reductions in minor physical or sexual IPV and minor or severe psychological IPV. Declines in drug use were also reported. Taken together, and in light of data indicating high rates of drug use and IPV among justice-involved women, this study is encouraging.

Hussain, N., Sprague, S., Madden, K., Hussain, F. N., Pindiprolu, B., & Bhandari, M. (2015). A comparison of the types of screening tool administration methods used for the detection of intimate partner violence: a systematic review and meta-analysis. *Trauma Violence Abuse, 16*(1), 60-69. doi: 10.1177/1524838013515759

In this recently published review paper, the authors reviewed the outcomes of 6 randomized control trials (considered to be “gold standard”) that used various screening tools to identify IPV. Specifically, they were interested in examining the rates of IPV disclosure among adult women when computer-assisted, self-assisted, and face-to-face interview screening were used to disclose IPV. They found no significant differences in outcomes when comparing studies where women were screened face-to-face than those that utilized self-administered screenings. They did, however, find that studies which used a computer-assisted screening tool had greater odds of disclosure – 37% more than face-to-face interviews and 23% compared to self-administered screenings. Given the sensitivities of disclosing IPV, and perhaps greater reservation to do so in justice settings, these data suggest methods by which screening women may be advantageous.

Jewkes, R., Nduna, M., Levin, J., Jama, N., Dunkle, K., Puren, A., & Duvvury, N. (2008). Impact of stepping stones on incidence of HIV and HSV-2 and sexual behaviour in rural South Africa: cluster randomised controlled trial. *BMJ, 337*, a506. doi: 10.1136/bmj.a506

This paper reports on a well-known and rigorous IPV study, “*Stepping Stones*,” conducted in rural South Africa with nearly 3000 participants (male and female). The authors evaluated the effectiveness of a 50-hour behavioral and psycho educational risk reduction program for HIV, the herpes simplex type 2 virus (HSV-2), and IPV. At the core of *Stepping Stones* is an effort to address gender equity and IPV, among other relationship topics, and build knowledge and awareness of HIV and HSV-2. Compared to the control group, who were only administered a three-hour session on HIV, safe sex practices, and condom use, the authors found promising results after 2 years. Among the men who received the intervention, fewer incidents of IPV and risky behaviors (sexual and drinking) were reported. Women, however, reported some increases in risky behaviors (e.g. sex work) and no changes in others. Though the results were not satisfying on all fronts, the data are encouraging as to the potential usefulness of psycho-education, among other techniques in reducing incidence of IPV.

Jewkes, R., Gibbs, A., Jama-Shai, N., Willan, S., Misselhorn, A., Mushinga, M., ... & Skiweyiya, Y. (2014). Stepping stones and creating futures intervention: shortened interrupted time series evaluation of a behavioural and structural health promotion and violence prevention intervention for young people in informal settlements in Durban, South Africa. *BMC public health, 14*(1), 1325.

Given their initial findings, Jewkes et al. (of the *Stepping Stones* project described earlier) sought to examine the effect of a combined intervention on IPV and HIV – *Stepping Stones with Creating Futures*, an economic empowerment intervention that aids participants in seeking work or setting up a business. Since it was their first effort to examine how the combined intervention would work, fewer participants were recruited. 232 people, aged 18-30, participated, 122 of whom were women. At follow-up, female participants reported fewer incidents of physical and/or sexual IPV and both men and women reported better gender attitudes. Men also reported fewer controlling behaviors in their relationships.

Kalichman, S. C., Simbayi, L. C., Cloete, A., Clayford, M., Arnolds, W., Mxoli, M., . . . Crawford, M. (2009). Integrated gender-based violence and HIV Risk reduction intervention for South African men: results of a quasi-experimental field trial. *Prevention Science, 10*(3), 260-269.

In this study, the researchers designed a five-session, three-hour group intervention for men to reduce violence against women, concurrent sex, and improve sexual safety. 475 male participants from two communities in South Africa were recruited and assigned to either the intervention arm or a single 3-hour alcohol and HIV risk reduction arm (the control group). At follow-up, their findings indicated that those in the intervention group expressed fewer negative attitudes towards women and partner violence, and increased likelihood of HIV testing and conversations with their partners about condoms. However, they did not report increased condom use, decreased unprotected sex, or fewer sexual partners. In fact, the control arm reported better outcomes in this respect, a finding that suggests a need to examine other relevant risk behaviors as well as more closely examine other factors that may have influenced the outcomes (such as the difference in time between the two arms).

Kim, J. C., Watts, C. H., Hargreaves, J. R., Ndhlovu, L. X., Phetla, G., Morison, L. A., ... & Pronyk, P. (2007). Understanding the impact of a microfinance-based intervention on women's empowerment and the reduction of intimate partner violence in South Africa. *American journal of public health, 97*(10), 1794-1802.

In this study, the researchers examined the effects of a combined microfinance and HIV risk reduction intervention for women, *Intervention with Microfinance for AIDS and Gender Equity (IMAGE)*, focused on empowerment, IPV (physical and sexual), controlling behavior by their partner, and attitudes towards IPV. The intervention included trainings on HIV, gender norms, IPV, and sexuality, and a microfinance loan program. 860 women (430 in the intervention arm, and 430 in a control arm) from 8 villages were involved in this study (with community mobilization efforts in place as part of the intervention arm). At follow-up, which took place after two years, the findings were astounding – reports of past year physical of sexual violence declined by 55%, and women reported increased empowerment across all recorded indicators. This study is encouraging as to the effects of supporting women's economic empowerment while also offering psycho-education and efforts to engage the community regarding violence.

Kraanen, F. L., Vedel, E., Scholing, A., & Emmelkamp, P. M. (2013). Screening on perpetration and victimization of intimate partner violence (IPV): two studies on the validity of an IPV screening instrument in patients in substance abuse treatment. *PLoS One, 8*(5), e63681. doi: 10.1371/journal.pone.0063681

In this paper, the authors report on the use and validity of a short, 4 item (two minute) screening tool, the *Jellinek Inventory for assessing Partner Violence (J-IPV)*, to identify perpetrators and victims of intimate partner violence among people in substance abuse treatment programs. The authors conducted two studies in the Netherlands, which they report in this paper, using their tool and comparing it to the results of a longer, but standard measure of violence (the Conflict Tactics Scale). In the first study, they evaluated the validity of the tool, conducted with 98 participants, while the second study was conducted to double-check their findings with a second sample of 99 participants. Results from both studies were promising in that the tool was found useful in identifying IPV perpetration and victimization. This may be of use for providers with limited time, though would need to be further evaluated before use with different populations.

Kubany, E. S., Hill, E. E., Owens, J. A., Iannace-Spencer, C., McCaig, M. A., Tremayne, K. J., & Williams, P. L. (2004). Cognitive trauma therapy for battered women with PTSD (CTT-BW). *J Consult Clin Psychol*, 72(1), 3-18. doi: 10.1037/0022-006X.72.1.3

In this study, the authors examined the effect of a cognitive-based trauma therapy for women who have experienced IPV and who have post-traumatic stress disorder (PTSD). Their treatment model includes education about PTSD; stress management, assertiveness, and self-advocacy techniques; exploration of one's trauma; and techniques to examine negative self-talk as well as for cognitive therapy to address any feelings of guilt. This study included 125 diverse women in Hawaii. At follow-up, findings indicated declines in depression and guilt, with improvements in self-esteem of participants. They also found that the treatment worked equally well for ethnic minorities as for white participants, regardless of whether the therapist was male or female. This study highlights the utility of an integrated intervention to address IPV.

O'Campo, P., Kirst, M., Tsamis, C., Chambers, C., & Ahmad, F. (2011). Implementing successful intimate partner violence screening programs in health care settings: evidence generated from a realist-informed systematic review. *Soc Sci Med*, 72(6), 855-866. doi: 10.1016/j.socscimed.2010.12.019

In this review paper, the authors sought to examine the state of evidence as it relates to integration of IPV screening tools in health care settings. They reviewed publications related to 17 programs that evaluated IPV screening tools. Their findings suggested that programs where a comprehensive approach was undertaken were more successful in increasing IPV screening and disclosure. Specifically, they found programs that incorporated institutional support, training and screening protocols, as well as resources to make referrals were most successful for staff administering the screenings. These findings highlight the critical nature of organizational and ongoing support for successful program implementation.

Tirado-Muñoz, J., Gilchrist, G., Farré, M., Hegarty, K., & Torrens, M. (2014). The efficacy of cognitive behavioural therapy and advocacy interventions for women who have experienced intimate partner violence: A systematic review and meta-analysis. *Annals of medicine*, 46(8), 567-586.

This paper reviews randomized control trial (RCT) studies ("gold standard" methodology) that sought to examine the effects of advocacy or cognitive behavioral therapy interventions for women who have experienced IPV. 19 studies were included as part of the review, and 14 were included in the meta-analysis portion (a statistical technique to provide averages or summaries across different studies). Of the 19 studies examined, all of which were delivered to women (not couples, etc.) the vast majority were conducted in the U.S., with the remaining few conducted in China and Australia. 11 were cognitive behavioral interventions and 8 were advocacy interventions. Of the 12 studies where outcomes were statistically analyzed, 6 were advocacy and 6 were cognitive behavioral therapy interventions. Analyses across the 12 studies (involving just over 2600 participants) indicated both advocacy and cognitive behavioral therapy interventions are effective in reducing physical and psychological incidents of IPV, but neither provided conclusive evidence for reductions in sexual IPV. However, the authors did note that few of the studies they examined included measures for sexual IPV, which may have contributed to the lack of findings. Nonetheless, the data suggest that more attention is needed to identify interventions that reduce sexual IPV, and that cognitive behavioral therapy and advocacy may be useful strategies to adopt in reducing other forms of IPV.

Wagman, J. A., Gray, R. H., Campbell, J. C., Thoma, M., Ndyababo, A., Ssekasanvu, J., ... & Brahmbhatt, H. (2015). Effectiveness of an integrated intimate partner violence and HIV prevention intervention in Rakai, Uganda: analysis of an intervention in an existing cluster randomised cohort. *The Lancet Global Health*, 3(1), e23-e33.

In this very recently published paper, the authors examined the effects of their integrated IPV and HIV intervention in Uganda. Nearly 11,500 people were enrolled in this study and the effects of a standard HIV care arm were compared to the effects of the standard HIV care plus a community-level mobilization intervention focused on changing social attitudes, norms, and behaviors as related to IPV, and a screening paired with a brief intervention for safer disclosure of HIV status among women seeking testing/counseling services, dubbed the “*SHARE*” intervention group. At follow-up, results were encouraging: those in the *SHARE* group reported fewer incidents of physical and sexual IPV in the past year, compared to those in the control group. However, reported emotional IPV remained the same. (After 35 months, the intervention arm also demonstrated a decline in HIV incidence.)

### ***Interventions Including Criminal Justice-Involved Populations***

Gilbert, L., Shaw, S., Goddard-Eckrich, D., Chang, M., Rowe, J., Almonte, M., Goodwin S., & Epperson, M. A randomized controlled trial of a computerized screening and brief intervention (*WINGS*) to address intimate partner violence among substance-using women under community supervision. (Manuscript under review).

In this randomized control trial study, the authors examined the effect of a computerized version of *WINGS* (*Women Initiating New Goals of Safety*) against an in-person version delivered by a case manager with 191 substance-using women recruited from community supervision sites in New York City. The computerized version of *WINGS* is a self-paced, one-session IPV screening, brief intervention, and referral service program. The case manager version provides the same content and format, but was delivered in-person. At the end of the study, both methods of delivery were found to be successful in screening and yielding disclosure of past IPV, with no significant differences between the computerized and in-person version. The study indicated high rates of rates of physical, sexual, and/or psychological IPV among these women in the past year (77%), and follow-up data indicated that women who reported IPV (in both the computerized and in-person version) were successful in linking to needed IPV services. Data also indicated that women who reported IPV also reported improvements in social support, IPV self-efficacy, and abstinence from drug use at follow-up. These data are promising and suggest potentially viable options for screening and linking women under community supervision to IPV services, as needed.

Pascual-Leone, A., Bierman, R., Arnold, R., & Stasiak, E. (2011). Emotion-focused therapy for incarcerated offenders of intimate partner violence: a 3-year outcome using a new whole-sample matching method. *Psychother Res*, *21*(3), 331-347. doi: 10.1080/10503307.2011.572092

In this study, the researchers tested the effect of *Relating Without Violence*, a 12-week group intervention for incarcerated men who have perpetrated IPV that incorporates emotion-focused therapy, eye movement desensitization, reprocessing, and conflict resolution-skills training, among others. Sixty-six men volunteered to participate in the program; 184 were matched as comparisons (i.e. non-participants in the program) from an Ontario-based prison. At each follow-up, with the final one after 3 years, those who participated in the intervention were significantly less likely to recidivate for assault and/or sexual assault, compared to men in the matched comparison group.

Weir, B. W., O'Brien, K., Bard, R. S., Casciato, C. J., Maher, J. E., Dent, C. W., . . . Stark, M. J. (2009). Reducing HIV and partner violence risk among women with criminal justice system involvement: a randomized controlled trial of two motivational interviewing-based interventions. *AIDS Behav*, *13*(3), 509-522. doi: 10.1007/s10461-008-9422-0

In this study, 530 justice-involved women at risk for HIV were randomly assigned into one of three groups: a control group, a motivational interviewing (a particular counseling method) intervention group focused on HIV risk, or a motivational interviewing intervention group focused on both HIV and IPV risk. At follow-up (recorded after 3, 6, and 9-months), unfortunately, no significant differences were found in IPV between the HIV/IPV intervention and control groups, though women in all three groups reported fewer incidents of violence at each follow-up period. However, some risk behaviors such as unprotected sex did decline significantly among those in the intervention group, compared to the control group.

## SUGGESTED FURTHER READING

- Anderson, J. C., Campbell, J. C., & Farley, J. E. (2013). Interventions to address HIV and intimate partner violence in Sub-Saharan Africa: a review of the literature. *J Assoc Nurses AIDS Care, 24*(4), 383-390. doi: 10.1016/j.jana.2013.03.003
- Black M.C, Basile K.C, Breiding M.J, Smith S.G, Walters M.L, Merrick M.T, Chen J, Stevens M.R. The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2011.
- Bloom, B., Owen, B., & Covington, S. (2003). Research, practice, and guiding principles for women offenders: Gender responsive strategies. *National Institute of Corrections*.
- Breiding M.J, Smith S.G, Basile K.C, Walters M.L, Chen J, Merrick M.T. Prevalence and Characteristics of Sexual Violence, Stalking, and Intimate Partner Violence Victimization—National Intimate Partner and Sexual Violence Survey, United States, 2011. *MMWR 2014; 63*(SS-8): 1-18.
- Burke, T. W., Jordan, M. L., & Owen, S. S. (2002). A cross-national comparison of gay and lesbian domestic violence. *Journal of Contemporary Criminal Justice, 18*(3), 231-257.
- Carmo, R., Grams, A., & Magalhães, T. (2011). Men as victims of intimate partner violence. *Journal of forensic and legal medicine, 18*(8), 355-359.
- Coker, A. L., Davis, K. E., Arias, I., Desai, S., Sanderson, M., Brandt, H. M., & Smith, P. H. (2002). Physical and mental health effects of intimate partner violence for men and women. *American journal of preventive medicine, 23*(4), 260-268.
- DeHart, D. D. (2005). *Pathways to prison: Impact of victimization in the lives of incarcerated women*. US Department of Justice.
- Dunkle, K. L., Jewkes, R. K., Brown, H. C., Gray, G. E., McIntyre, J. A., & Harlow, S. D. (2004). Gender-based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa. *The Lancet, 363*(9419), 1415-1421.
- Fowler, D. N., & Faulkner, M. (2011). Interventions targeting substance abuse among women survivors of intimate partner abuse: A meta-analysis. *Journal of substance abuse treatment, 41*(4), 386-398.
- Goldberg, N. G., & Meyer, I. H. (2013). Sexual orientation disparities in history of intimate partner violence results from the California Health Interview Survey. *Journal of interpersonal violence, 28*(5), 1109-1118.
- Hall, M. T., Golder, S., Conley, C. L., & Sawning, S. (2012). Designing Programming and Interventions for Women in the Criminal Justice System. *American Journal of Criminal Justice, 38*(1), 27-50. doi: 10.1007/s12103-012-9158-2

- Heintz, A. J., & Melendez, R. M. (2006). Intimate partner violence and HIV/STD risk among lesbian, gay, bisexual, and transgender individuals. *Journal of interpersonal violence, 21*(2), 193-208.
- Li, Y., Marshall, C. M., Rees, H. C., Nunez, A., Ezeanolue, E. E., & Ehiri, J. E. (2014). Intimate partner violence and HIV infection among women: a systematic review and meta-analysis. *Journal of the international AIDS society, 17*(1).
- Rountree, M. A. (2010). HIV/AIDS Risk Reduction Intervention for Women who have Experienced Intimate Partner Violence. *Clin Soc Work J, 38*(2), 207-216. doi: 10.1007/s10615-008-0183-z
- Weaver, T. L., Gilbert, L., El-Bassel, N., Resnick, H. S., & Noursi, S. (2015). Identifying and intervening with substance-using women exposed to intimate partner violence: phenomenology, comorbidities, and integrated approaches within primary care and other agency settings. *Journal of Women's Health.*
- Wu, E., El-Bassel, N., Witte, S. S., Gilbert, L., & Chang, M. (2003). Intimate partner violence and HIV risk among urban minority women in primary health care settings. *AIDS and Behavior, 7*(3), 291-301.